

This corresponded to an annual use of 215.8g, 268g, 191g and 2062.3g of plastic, per patient, respectively.

By analysing the cumulative annual plastic consumption of patients undergoing treatment in the institution (n=948), we obtained the value of 1980.1kg (32972 devices).

Assuming the hypothesis of using only one pen/device per year, with refills that may weigh about 9.4g (using the example of interferon beta-1a), we obtained a value of 345.4kg, leading to an annual reduction of 1634.7 kg of plastic.

Conclusion and Relevance These systems, maintaining safety, efficacy, and therapeutic adherence, could represent significant savings in environmental impact and production costs. The use of existing technology, such as refillable cartridges, could address this issue. Despite the aforementioned advantages, the significant amount of wasted plastic is clear.

A national extrapolation based on relative weight of drug consumption in our institution may indicate that it could be possible to avoid as much as 65 tons per year.

An environmental impact of this magnitude should prompt a reflection on the alternatives that can be employed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

11SG-025

ANALYSIS OF THE COMPLEXITY OF THE CLINICAL TRIALS CARRIED OUT IN A THIRD-LEVEL HOSPITAL

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Background and Importance Clinical trials (CTs) involve different procedures in which Pharmacy Service (PS) participates. Difficulty evaluation of these activities is important to analyse global CTs complexity, which could be used as a measure of resources needed in each CT by PS.

Aim and Objectives To assess the complexity of the CTs in which PS participates, depending on the CTs' characteristics.

Material and Methods Observational retrospective study which includes CTs started from 2014 to August 2023 when CTs unit was founded as an independent area in PS. CTs' characteristics were collected: medical service involved, pathology, uni/multicentric and phase. Complexity scale from Calvin-Lamas et al., 2012 was used. Complexity punctuation was assessed according to the procedures where PS is involved (investigational products (IP) receipt, conservation, assignment, preparation, conditioning and dispensation; randomisation and blinding). Complexity levels were established: low (until 10 points), moderate (11–19 points) and high (more than 19 points). Complexity analysis was calculated for global, medical service, pathology and CTs' phase. Information was obtained from Fundanet®.

Results 101 CTs started during the studied period. Distribution between medical services was: 48.5% (49) oncology, 21.8% (22) infectious diseases, 20.8% (21) neurology, 5.9% (6) rheumatology, 2.0% (2) surgery and 1.0 (1) psychiatry service. Pathologies more investigated were related to human immunodeficiency virus 16.8% (17), breast cancer 12.9% (13), Parkinson's disease 12.9% (13), colorectal cancer 7.9% (8), Alzheimer's disease 6.9% (7), lung cancer 5.0% (5), gastric cancer 5.0% (5) and rheumatoid arthritis 5.0% (5). According to CTs' phase, 1.0%; 25.7%; 67.3%

and 5.9% corresponded to phases I; II; III and IV, respectively. 99.0% were multicentric and 52.5% (53) were unblinded.

CTs which required two pharmacists represented 37.6% (38). Aseptic preparation was needed in 47.5% (48) and dispensation to the research team was needed in 74.3% (75).

Overall average complexity was moderate (15.1 ± 4.0). 16.8% (17) presented low complexity, 70.3% (71) moderate complexity and 11.9% (12) high complexity. The higher complexity corresponds to neurology CTs. Pathologies with higher complexity were gastric cancer (20.2 ± 2.6), Alzheimer's disease (18.1 ± 2.2) and lung cancer (18.0 ± 3.3). Average complexity was moderate for all CTs' phases, being the punctuation higher in phase II CTs (16.6 ± 2.3), followed by phases I (16.0 ± 0), III (15.1 ± 4.2) and IV (12.2 ± 4.8). Classifying by triennium, median CTs complexity has gradually increased: 11.0 ± 1.0 for 2014–2016, 13.7 ± 8.9 for 2017–2019 and 15.3 ± 5.2 for 2020–2022. In 2023, complexity remained at 16.8 ± 2.4 .

Conclusion and Relevance The complexity of CTs has increased over the years, although most CTs have a moderate complexity regardless of their phase. The most complex CTs correspond to oncological and neurological pathologies. Carrying out this type of evaluation is important to optimise resources and to know in which PS procedures it is necessary to invest new resources.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-001

CLINICAL IMPACT AND COST SAVINGS OF AN OUTPATIENT ANTIMICROBIAL THERAPY PROGRAMME: A FOCUS ON SELF-ADMINISTRATION

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Background and Importance Outpatient antimicrobial therapy (OPAT) programmes are increasingly used to reduce hospitalisation costs in health care facilities.

Aim and Objectives To analyse the clinical impact and cost savings of an OPAT programme focused on self-administration by the patients of antibiotic elastomeric pumps (AEP) prepared in the pharmacy service.

Material and Methods Observational, retrospective study. It included all patients who received OPAT from 1 May 2022 to 31 July 2023, using 30-minute or 24-hour AEP depending on the antimicrobial. Self-administration was offered to all patients with previous training.

Number of patients, episodes and AEP prepared, demographic variables (sex and gender), start and end of treatment (either in the hospital or at home) and hospital-at-home stay, self-administration episodes and source of infection were registered.

The resolution of the infectious syndrome and hospital readmissions at 30 days were evaluated to analyse the clinical impact.

To analyse cost savings, the time needed by pharmacy technicians to prepare AEP and avoided visits (physicians and nurses) for those patients using self-administration were compiled. Costs associated with daily hospital-at-home stay, AEP used and pharmacy technicians' preparation were compared with costs of hospital stay and physician and nurse visits.

Results 161 patients (172 episodes and 1,442 AEP prepared) were included. 57.7% were men, with a median age of 68 years (IQR 54–81). The median duration of treatment was 9 days (IQR 6–14), and hospital-at-home stay was 8 days (IQR 6–14). 64 patients (39.8%) were included for self-administration. The most common sources were respiratory (25.5%), intra-abdominal (24.8%) and urinary (18.0%).

Resolution and readmission at 30 days were registered in 91.8% and 13.5% of episodes, respectively.

The time needed by pharmacy technicians was 0.2 hours for 30-minutes and 0.3 hours for 24-hour AEP, having a cost of €4,952.20. A total of 590 avoided visits were registered, saving €41,890. Total expenditure of OPAT and hospital-at-home stay was €386,344.60 compared to €1,583,109 for hospital stay and additional visits resulting in €1,196,764.4 of cost savings.

Conclusion and Relevance OPAT programmes pose significant advantages in terms of clinical and economic impact, for managing patients needing longer antimicrobial treatments. Self-administration of AEP is a promising option to optimise their results in clinical practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-002 EVALUATION OF THE EFFECTIVENESS AND RELATED COST OF ONCOLOGY DRUGS USED IN SPECIAL SITUATIONS, IN A THIRD-LEVEL UNIVERSITY HOSPITAL

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Background and Importance Some oncological treatments are used in special conditions due to the lack of therapeutic alternatives. The use of drugs in exceptional circumstances or special situations (compassionate use (CU), off-label use (OLU), EMA approved drugs without a refund price in the country,

and drugs not included in the hospital's pharmacotherapeutic guide (non-HPG)) is frequent. These treatments must be approved by an internal committee at the hospital level according to Spanish legislation.

Aim and Objectives To analyse the requests and effectiveness of drugs in special situations in oncology patients at a third-level university hospital.

Material and Methods An observational, single-centre, retrospective study was performed to analyse the prescription of special situation drugs in oncology patients between January 2021 and December 2022. Data were collected regarding the nature of the special situation, cancer type, treatment setting (curative or palliative), ESMO clinical benefit, treatment acceptance, clinical response, discontinuation reasons, number of administered cycles, and associated cost, which was calculated based on the treatment cycles administered until the end of the study.

Results 1045 requests were submitted to the hospital committee: 204 (19.52%) belonged to the oncology field (solid tumours). Among these, the types of special drug petitions were: CU (n=46, 22.55%), OLU (n=102, 50%), without a refund price in the country (n=44, 21.57%), and non-HPG (n=12, 5.88%).

Curative setting (n=30): ESMO benefit categories A (n=25, 83.33%), B (n=0, 0%), C (n=4, 13.33%) and not applicable (n=1, 3.33%). Metastatic disease (n=174) ESMO benefit scale 1 (n=32, 18.39%), 2 (n=12, 6.90%), 3 (n=58, 33.33%), 4 (n=55, 31.61%), 5 (n=0, 0%), and not applicable (n=17, 9.77%).

Abstract 2SPD-002 Table 2

Approved treatment (94.12%, N=192)	N(%)
Not initiated	16 (8.33)
Completed/continued	
Ongoing	51 (26.56)
Completed adjuvant therapy	12 (6.25)
Discontinued	
Disease progression	76 (39.58)
Adverse effects	22 (11.46)
Deceased	14 (7.29)
Hospital transfer	1 (0.53)
Denied treatment by Catalan Health Service (5.88%, N=12)	

Patients who did not start the treatment (8.33%) were those with no further therapeutic alternatives who progressed and did not have time to initiate this therapeutic approach.

Abstract 2SPD-002 Table 1

Cancer type	N(%)	Curative N(%)	Metastatic N(%)
Breast	34(16.67)	5(2.45)	29(14.22)
Lung	33(16.18)	8(3.93)	25(12.25)
Central nervous system	33(16.18)	1(0.49)	32(15.69)
Digestive	33(16.18)	3(1.47)	30(14.71)
Skin	26(12.74)	6(2.94)	20(9.80)
Gynaecologic	24(11.76)	5(2.45)	19(9.31)
Genitourinary	16(7.84)	2(0.98)	14(6.86)
Head and neck	5(2.45)	0(0)	5(2.45)
Total	204(100)	30(14.71)	174(85.29)